

OCT 12 1940
Registration District No. **89**

Primary Registration District No. **3007**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Butter
(b) City or town Caplan Bluff
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Caplan Bluff Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Butter
(c) City or town Caplan Bluff
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME Alvena Davis

3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

4. Sex Female 5. Color or race W.
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Leo Davis 6. (c) Age of husband or wife if alive 28 years
7. Birth date of deceased April 25 1913
(Month) (Day) (Year)

8. AGE: Years 27 Months 5 Days 21 If less than one day hr. _____ min. _____

9. Birthplace Butter County, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business _____

MOTHER FATHER { 12. Name Tom Huff
18. Birthplace Mo. (City, town, or county) (State or foreign country)

14. Maiden name Evalena Bostie
15. Birthplace Butter Co. Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Husband

(b) Address Julius Mo.

17. (a) Burial (b) Date thereof Sept 28 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Julius

18. (a) Signature of funeral director Grandes Funeral Home

(b) Address Carroll Mo.

19. (a) 9-28-40 (b) W. Blatzinger
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 26
year 1940 hour 7 minute 30 a.m.

21. I hereby certify that I attended the deceased from Sept 1 1940 to Sept 26 1940
that I last saw him alive on Sept 26 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral embolism

Due to Probable fracture

Due to _____

Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings: acute appendicitis
Of operations _____
Of autopsy None

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature W. Blatzinger (M. D. or other) _____
Address Caplan Bluff Mo. Date signed 9-28-40

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.